

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
SACRAMENTO, CA 95814  
(916) 445-1797



June 25, 1980

To: All County Welfare Directors

Letter No. 80-25

MC 239E MEDI-CAL NOTICE OF ACTION -- OVERPAYMENT

This is to inform you that, beginning immediately, counties must list the full Medi-Cal ID number for all MFBU members when completing the MC 239E (Medi-Cal Notice of Action -- Overpayment) form. The Department of Health Services Recovery Section uses this data to identify the medical services which program beneficiaries have received. The new Medi-Cal claims processor is unable to produce these "beneficiary profile" reports unless the full 14 digit number is given.

If you have any questions regarding this request, please contact your Medi-Cal Field Representative.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief  
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons  
Medi-Cal Field Representatives